ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES

Jessica L. Bishop DDS, PA
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Suite 102
Chapel Hill, NC 27517

(919) 489-2793

I, ______have received a copy of this office's Notice of Privacy Practice.

Signature: ______

Date: _____

Attempted to obtain written acknowledgment or receipt or our Notice of Privacy Practice, but acknowledgment could not be obtained because:

___ Individual refused to sign

___ Communication barriers prohibited obtaining the acknowledgment

___ Emergency situation prevented us from obtaining acknowledgment

___ Other (please specify)